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OUTCOME MEASURES – FY '08 CDBG Agency: **Program Location:** Program: **Program Hours/Days of Operation:** Program Purpose: Report indicators in both # and % as # / % **Outcomes and Indicators** 07 projected 07 Actual 07 (full yr) (please **bold Outcome Measures** and italicize indicators) 06 Actual Estimated from 07 grant app Long Term: Leave Leave Blank Blank **Intermediate: Initial: Outputs: Results of Customer Satisfaction Surveys: (report info in the columns at right)** Number and percent of program participants surveyed Number and percent of program participants satisfied with the program's services Comments: **Unduplicated Client Statistics: (report info. in the columns at right)** Total unduplicated number of people served Unduplicated number of total who were Gaithersburg residents